

Attachment B: Time Guidance for Personal Care and Home Management Tasks

Time guidance is provided to assist in the development of the plan of care for each task as listed below. These are the maximum times used to budget for the tasks, unless the client's condition indicates a need to exceed the time. This need must be documented in the clinical record. The time should be individualized based on client needs and tasks. Additionally, the tasks and times may be clustered/combined to units (e.g. 15 minute increments)

All NA 1 Tasks must be performed as indicated by recipient needs. If the recommended time guidance does not allow adequate time to complete a personal care task for a recipient, the RN must document the need for a time exception on the PCS PACT Form or other supporting documents. If an individual besides the PCS provider is performing a task or any part of a task identified as a need, the task/time cannot be included in the plan of care. For example, if the family shampoos the recipient's hair, manages medications, or assists with pre-poured medications, this is not to be included in the plan of care.

Personal Care Task	<p>DMA Time Guidance <i>Exact time for each task must be specified on the PACT POC. The range provided allows the provider to base the time on individually assessed recipient need. Multiple tasks can be combined to make up a unit. (15 minutes)</i> <i>Consideration should be given to the number of tasks in a category as well as the individual recipients need</i></p>
Mobility/Ambulation—ADL	
Moving in the recipient's residence: To and from bathroom, bedroom, kitchen and dining area, living/sitting area, outside (porch, deck, yard). May use assistive devices including cane, walker, and wheelchair. If wheelchair bound consider if the recipient's self-sufficiency to perform other ADLs once in wheelchair.	15 minutes/day. This would be added when the recipient, at a minimum, needs hands-on and/or standby assistance. If the recipient is ambulatory, with or without an assistive device, a score of 0–1, no time is budgeted for this task.
Moving recipient to and from a lying position, turning side-to-side and positioning recipient in bed.	15 minutes/every 2 hours when not related to a personal care activity
Moving recipient to and between surfaces: Bed, chair, wheelchair, tub, shower, toilet and standing position. May include the use of assistive devices such as Hoyer lift, transfer or slide board, gait belt, or trapeze. Standing/Pivot transfer.	15 minutes/every 2 hours when not related to a personal care activity

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<p>Eating—ADL</p>	
<p>Taking in food by any method.</p> <p>Oral intake of food: May include supplements, special diets, and tube feedings, chopping, grinding, pureeing foods as ordered by primary care physician.</p> <p>Set up and hands-on assist with feeding, direct supervision with eating, complete feeding, and tube feeding (bolus).</p> <p>Special feeding techniques, including chin tuck, use of thickeners/additives, choking/feeding guidelines, aspiration precautions, and the use of adaptive equipment.</p> <p>Extra time may be allowed for preparing a special diet that is chopped, ground, or pureed.</p>	<p>30 minutes to feed/meal.</p> <p>Note: If recipient feeds self independently and the activity is meal preparation and serving only, it is considered an IADL and time must be budgeted under home management.</p>
<p>Bathing—ADL</p>	
<p><i>Taking a Full-body Bath:</i> Tub, shower, or sponge/bed bath. Exclude washing hair or foot care.</p> <p>Foot care, washing back, washing hands, or washing face alone does not meet the bathing description/criteria.</p>	<p>Up to 30 minutes daily. May rotate with partial bath based on recipient's needs.</p>
<p><i>Partial Bath:</i> A sponge bath includes, at minimum, bathing of the face, hands, and perineum. Bathing of the feet may be done on limited days, recognizing a full daily bath is not needed for an aging and non-ambulatory recipient.</p>	<p>15 minutes/partial bath. Plan should have a partial bath <i>only</i> as a component of care, rotating with a full body bath.</p>
<p>Non- qualifying ADL tasks : Hygiene tasks</p>	
<p>Hair care is defined as shampoo (washing hair), setting and or braiding the hair.</p> <p>Shampoo and set is not usually done daily, unless the client has specific skin/scalp problems</p> <p>Hair care alone does not qualify the recipient for PCS</p> <p>The tasks are delineated to address the need for additional time, but alone do not indicate an ADL deficit.</p>	<p>30 minutes /event</p>

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<p>Foot care is defined as soaking feet, applying lotion to the feet, and toenail care. Foot care alone does not qualify the recipient for PCS. The tasks are delineated to address the need for additional time, but alone do not indicate an ADL deficit.</p>	<p>15 minutes/day</p>
<p>Hygiene tasks Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin. The tasks are delineated to address the need for additional time, but alone do not indicate an ADL deficit. Comb hair, basic hair care, and basic nail care. Basic Hair care alone does not qualify the recipient for PCS. These are hygiene tasks as delineated in section 25 of the PACT Special skin care , beyond simple application of lotion to non broken skin may also indicate the need for additional time</p>	<p>15-30 minutes. Total Time at the highest end supported by the number of activities and the clients mobility limitations</p>
<p>Dressing—ADL</p>	
<p>Handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons. Taking on and off stockings/socks and shoes.</p>	<p>15 minutes/day</p>
<p>Application of prosthetic devices or application of therapeutic stockings.</p>	<p>May add 15 minutes for applying therapeutic stockings and/or prosthesis/day.</p>
<p>Toileting- ADL</p>	
<p>Using the toilet: How the individual uses the toilet, bedside commode, urinal and/or bedpan. Includes assisting with clothing, on and off toilet, assisting recipient with cleaning perineum after toileting and assisting with toileting equipment such as urinal and bedpan. Managing special devices such as ostomy care and catheter care (including emptying the catheter bag). Note: Transfer to toilet or bedside commode ONLY is scored under ADL Mobility.</p>	<p>15 minutes/day.</p>
<p>Continence—ADL</p>	
<p>Includes cleaning the perineum, cleaning after an incontinent episode and frequency of urinary and BM incontinence, changing incontinent devices such as diapers, disposable underwear, and pads.</p>	<p>15-30 minutes/ day. Time at the highest end supported by the number of incontinent episodes and the clients mobility limitations</p>

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<p>Delegated Medical Monitoring and Activities—Time allotted may be included in the ADL category on the POC.</p>	
<p>Non-skilled medical tasks which are delegated to the in-home aide by the RN, in accordance with N.C. laws, practice acts, standards of care, and agency policy. The tasks include, but are not limited to assisting recipient with pre-poured medications, assisting with Blood sugar (BS) monitoring, monitoring vital signs (temperature, blood pressure, respirations, and pulse), measurement of intake/output, and agency-approved NA II tasks (per N.C. Board of Nursing regulations).</p>	<p>15 minutes /day for all monitoring tasks performed. Less time needed for a single task. If the activity does not occur during the aide's shift, no time can be budgeted. For example, if a family member provides medication administration or the activity does not occur during the scheduled visit.</p>
<p>Treatment—Time allotted may be included in the ADL category on the POC.. These are not qualifying ADL's</p>	
<p>Range of motion exercises Other NA I–approved tasks as per N.C. Board of Nursing regulations and adopted by reference. NA II–approved tasks as per N.C. Board of Nursing regulations and adopted by reference.</p>	<p>15–30 minutes/day Less time needed for a single task. If the activity does not occur during the aide's shift, no time can be budgeted. For example, if a family member provides medication administration or the activity does not occur during the scheduled visit.</p>
<p>Other Medical Considerations</p>	
<p>Other medical considerations that may affect the amount of time allocated to a personal care task include the following, but are not limited to dyspnea, shortness of breath with minimal exertion, continuous use of oxygen, medication assistance, incontinence management, and endurance or pain issues.</p> <p>Cognitive impairment causing the recipient to require extensive hands-on assistance with a personal care task may also affect the amount of time allocated to a personal care task. This is shown by lack of alertness and orientation, or inability to shift attention and recall directions more than half of the time.</p>	<p>Additional time, as per individual need. Justification for additional time must be documented on PACT form, Field 46.</p>

The PCS aide may also complete the In-Home Aide home management tasks identified in the table below when the task is related but incidental to the recipient's personal care needs.

Housekeeping and home management tasks must be essential, although secondary to the personal care task necessary for maintaining the recipient's health, and directly linked to his/her medical condition and personal care needs. The tasks are meant to be completed for the recipient only, not others living within the household. Weekly IADL task time does not equal or exceed ADL or delegated medical monitoring task time.

1. Staff is expected to do multiple tasks at a time. For example, while the laundry is in the washer, the aide could be preparing a meal and performing other home management tasks.
2. Linen change, mopping, laundry, etc. are not to be performed daily. Some tasks such as washing dishes, food storage, and making the bed may be performed daily. Thus, the time allotted in the plan of care should reflect daily needs of the recipient. Specific documentation must be provided to identify need and support tasks that are to be provided more frequently. For example, more frequent linen changes and laundry for an incontinent patient.

IADL Tasks/Home Management	DMA Time Guidance <i>See above explanation regarding frequency of tasks.</i>
Meal Prep -- IADL	
Meal Preparation for Meals and/or Snacks: Simple diet, therapeutic modifications (low sodium, heart healthy, diabetic). Plan menus using food guide, Set up and serve meal including cut bite size, wash dishes. Clean kitchen after meal, sweep and mop, and take out trash.	30–45 minutes/day (total time for all meals)
Specified Therapeutic Diet for Meals and Snacks: Diets such as renal diet, gout diet, ordered-calorie limitations, such as 1800ADA diet.	Additionally to the above time guidance, 15–30 minutes/day
Bathroom/Living areas -- IADL	
Recipient Bathroom: Clean sink, toilet, and tub/shower.	15–30 minutes
Recipient Living Areas: Keep free of clutter, dust, sweep/vacuum, sweep pathways, check fire alarm	15–30 minutes
Recipient Bedroom: Make bed, dust, keep free of clutter, tidy	15-30 minutes
General -- IADL	
Recipient Laundry: Wash, dry, fold, simple mending.	30–60 minutes
Recipient – general : change linen, mop, vacuum, dust, keep free of clutter sweep, check smoke alarms	15-30 minutes
Errands -- IADL	
Run Essential Errands for the Recipient/miscellaneous: Pharmacy, medical supplies, groceries, pay utility bills, and shop for other essential medical care items , Basic reading, writing and reporting activities	45–60 minutes

Other Covered Home Management Tasks

1. Basic reading and writing tasks for recipients with an identified and documented need. For example, when the recipient is blind.
2. Other miscellaneous tasks: Complete basic housekeeping tasks, including sweeping, vacuuming, dusting, mopping, and washing dishes for recipient **only**, separate from other members of the household.
3. Observe and report symptoms of abuse, neglect, and illness to RN clinical supervisor, who is required to report to the county DSS Protective Services for investigation as required by GS 108-A, Section 6.